

Table of Contents

<u>INSTRUCTIONS</u>
Introduction 3
Program Objectives3
Prohibited Expenses4
Eligibility4
Application Process Timeline5
Application Process6
Award Process7
Appeal Process
General Information10
APPLICATION FORMS
Application Checklist, Attachment A11
Application Cover Page, Attachment B12
Clinic Site Information, Attachment C13
Funding Request and Scope of Work,
Attachment D14
Budget Guidelines, Attachment D-1
Program Narrative, Attachment E17
HIV Counseling Staff, Attachment F18
Authorization to Bind Corporation And Invoice
Approval Form, Attachment G19
Board of Directors, Attachment H20
APPENDIX
AFF ENDIX
Exhibit A, Program Standards for Practice21
Exhibit B, Indicators for Enhanced Counseling24
Exhibit C, HIV Counseling Information Form25
Exhibit D. Description of Office of AIDS Training26

CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS COUNSELING AND TESTING (HIV C&T) PROGRAM REQUEST FOR APPLICATION FISCAL YEAR 2002-2003

I. INTRODUCTION

The purpose of this Request for Application (RFA) is to announce the availability of funding from the Department of Health Services (DHS), Primary and Rural Health Care Systems Branch (PRHCSB), for the confidential HIV Counseling and Testing Program. The HIV C&T Program provides funding for confidential HIV counseling and testing activities at selected Indian health clinics. Funds are available from July 1, 2002 to June 30, 2003, subject to the final appropriation in the state budget.

As part of DHS' e-government policy, this RFA is also available at: http://www.dhs.ca.gov/IHP.

II. PROGRAM OBJECTIVES

A Memorandum of Understanding (MOU) between the State Office of AIDS (OA) and PRHCSB authorizes the HIV C&T program. The HIV C&T Program annually provides funding to selected non-profit Indian health centers licensed per Section 1204 (a)(1) of the Health and Safety (H&S) Code, and Indian health centers exempt from licensure under Section 1206 (c) of the H&S Code.

The objective of the HIV C&T Program is to support confidential HIV counseling and testing activities at urban and rural Indian health centers. Grants funded under the HIV C&T Program will not be awarded for less than \$2,500.00. The HIV C&T Program for FY 2002-2003 will cover the period from July 1, 2002 to June 30, 2003.

The Confidential HIV C&T Program funds an HIV coordinator and counselors to attend required training and meetings, and to provide the following face-to-face services to consenting clients 12 years and older:

- Risk assessment counseling
- HIV antibody test (blood or oral)
- Result disclosure counseling
- Post-disclosure counseling
- Follow-up and referrals

For detailed information about these services, refer to Exhibit A, "Program Standards of Practice" (attached).

III. PROHIBITED EXPENSES

HIV C&T funds may **not** be used for any of the purposes listed below:

- 1. To purchase HIV educational material or condoms
- 2. To provide overhead/indirect costs of implementing the program
- 3. To provide communications or computer systems or software
- 4. To pay for laboratory expenses
- 5. To pay for any HIV-related training or meetings. (Required OA training is free.) See Exhibit D, "Description of Office of AIDS Training" (attached).
- 6. To duplicate funding already received from any other source
- 7. To provide any services that are not within the scope of licensure

IV. ELIGIBILITY

The eligibility criteria for applying for HIV C&T programs funds are as follows:

- 1. Programs must directly provide a community health program and medical or dental services to American Indians in California.
- 2. Programs must maintain service delivery at least 24 hours a week.
- 3. Programs must be operated either by a non-profit corporation organized under California law or by an Indian tribe.
- 4. The board of directors or trustees must be composed of a majority of American Indians.
- 5. Clinic administration shall:
 - Be in good standing with the Office of the Secretary of State and the Office of the Attorney General if a non-profit corporation
 - Maintain sound administrative policies and procedures
 - Maintain governing boards that meet regularly, function in accordance with their by-laws, and implement appropriate training
 - Maintain sound and viable fiscal operations that include an annual Certified Public Accountant audit
 - Maintain Clinical Laboratory Improvement Act (CLIA) State registration; and clinic licensure, certification, and pharmacy permit, where appropriate
 - Maintain an adequately staffed facility
 - Maintain malpractice and liability insurance in sufficient amounts to meet current state requirements
 - Maintain a Quality Assurance (QA) Program

IV. ELIGIBILITY (continued)

Grantee shall:

- Comply with all governmental laws and regulations appropriate to the operation of a primary health care program.
- Comply with all provisions of the grant, including but not limited to provisions of the quality and quantity of services specified to the population targeted.
- Comply with all reporting requirements described in the grant agreement
- Notify the State IHP within thirty days regarding any situation that would substantially alter the grantee's ability to comply with grant obligations.
- Administer the grant in the most cost-effective and cost-efficient manner possible.
- Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation and technical assistance
- Participate in technical assistance activities as determined by the State including but not limited to individual and program assistance
- Provide services in a culturally competent manner

V. APPLICATION PROCESS TIMELINE

The following timeline will be used in the application process and for allocation of HIV C&T funds. Please note that these dates are tentative and are subject to change.

October 29, 2002 Release of RFA
December 3, 2002 RFA due date
December 4 – 11, 2002 RFA Review

December 12, 2002 Notice of Intent to Award

The RFA is due on December 3, 2002

Department of Health Services Primary and Rural Health Care Systems Branch

VI. APPLICATION PROCESS

Applications must be completed according to the instructions listed below. Submit only information that has been requested. Evaluation of applications will be based solely on information that is requested.

Each application received by the specified date and time will be reviewed for completeness and compliance with RFA instructions. Late, incomplete, or noncompliant applications will be rejected. DHS may waive any immaterial deviation in any application. DHS reserves the right to reject any or all applications, as well as to make the final selection on applicants and funding amounts.

A. Instructions

- 1. Include all information in this application, including attachments.
- 2. Type the application using single spacing, a 12-point font, preferably Arial, with one inch margins.
- 3. Print text on one side of the page only.
- 4. Assemble completed application in the order indicated below. Number each page in the bottom center.
- 5. Staple completed application in upper left-hand corner. Do not use binders or special folders.

B. <u>Submission Requirements</u>

Applicants must submit one signed application with original signatures, and two copies of the application.

The required attachments should be included in the following order:

- 1. Application Checklist (Attachment A)
- 2. Application Cover Page (Attachment B)
- 3. Clinic Site Information (Attachment C)
- 4. Copy of clinic license for all sites, if applicable
- 5. Funding Request and Scope of Work (Attachment D)
- 6. Narrative (Attachment E)
- 7. HIV Counseling Staff (Attachment F)
- 8. Job descriptions for all Counseling staff
- 9. Authorization to Bind Corporation and Invoice Approval Form (Attachment G)
- 10. List of Board of Directors (Attachment H)
- 11. HIV Counseling and Testing Protocol

VI. APPLICATION PROCESS (continued)

C. <u>Due Date and Mailing Address</u>

Applications must be received no later than Tuesday, December 3, 2002.

Mail applications (original and two copies) to:

Vicki De Kay, Nurse Consultant Indian Health Program Primary and Rural Health Care Systems Branch California Department of Health Services 714 P Street, Room 550 Sacramento CA 94814

VII. AWARD PROCESS

All applications will be date and time stamped upon receipt. Each application received by December 3, 2002, will be screened for completeness and compliance with requirements contained in this RFA. Applications that do not comply with the requirements will be considered non-responsive and excluded from further review. Applicants meeting all requirements will be evaluated and scored.

A. Application Rejection Criteria

The following circumstances will result in rejection of the application prior to the review and scoring:

An application is late or incomplete

An application omits an HIV C&T protocol or any required document or form

An application fails to use required formats

An application fails to respond to any requirement specified in this RFA.

State of California

Department of Health Services Primary and Rural Health Care Systems Branch

VII. AWARD PROCESS (continued)

B. Application Evaluation, Scoring and Selection

The PRHCSB reserves the right to negotiate the Budget and Scope of Work (B/SOW) and not award a grant if an acceptable B/SOW cannot be mutually agreed upon. If a successful applicant fails to finalize a grant, the PRHCSB reserves the right to withdraw the grant award. Clinics not funded will be notified in writing.

PASS

Each application will be evaluated based on the following and will result in a Pass-Fail score.

HIV C&T Protocol

Funding Request and Scope of Work

(see Attachment D)

FY 01-02 Program

Information on # of patients seen

and \$ spent correct PASS

FY 01-02 Budget Addressed PASS

FY 01-02 Information incorrect or incomplete FAIL

New program, no prior funding PASS

Narrative Description of HIV counseling and testing activities (see Attachment E)

Quality assurance activities	PASS
Hours/sites of service	PASS
Counseling and testing activities provided	PASS
Staffing and training	PASS
Record keeping and storage	PASS
Sharing of test results and confidentiality	PASS

Coordinator and Counselor Training

(see Attachment F)

Up to date PASS

Not up to date FAIL

New program PASS

Applicants must obtain a PASS score in <u>all</u> items.

Any applicant receiving a FAIL score will be deemed ineligible.

VIII. APPEAL PROCESS

Applicants not selected for funding will be notified of the denial in writing. The DHS reserves the right to reject any or all applications, as well as to make the final selection of the applicant for funding. An applicant denied funding may appeal the Department's decision. The steps of the process are identified in the following table.

STEP	RESPONSIBLE PARTY	ACTION	COMMENTS
1	Appellant	Identify the grounds for the appeal	See "Grievance Procedure for Direct Service Contracts and Grants", Section 9-2350 of the Health Administrative Manual. Note that there is no appeal for untimely or incomplete applications or for the amount of the award.
2	Appellant	Submit a written appeal	A full and complete written appeal must be submitted. Clearly identify the issues in dispute, the legal authority, the basis for the protest and remedy sought.
3	Appellant	Submit the appeal in a timely fashion	Appeals must be received no later than 15 days after date of a denial notice.
4	Appellant	Direct the appeal to the appropriate person	Appeals must be directed to: Ms. Sandra Willburn, Chief Primary and Rural Health Care Systems Branch Department of Health Services 714 P Street, Room 550 Sacramento, CA 95814
5	Deputy Director, Primary Care and Family Health	Review and render decision	Per the "Grievance Procedure for Direct Service Contracts and Grants" outlined in 9-2350 of the Health Administrative Manual, the Deputy Director (D.D.) or representative may hold an oral hearing and render a decision based on the contents of the written appeal and the hearing. The decision of this individual is final. There is no further administrative appeal.
6	IHP	Send notification of the decision	Appellants will be notified in writing of the decision regarding their appeals within twenty (20) working days after the completion of all appeal hearings.

State of California
Department of Health Services Primary and Rural Health Care Systems Branch

IX. GENERAL INFORMATION

Only questions regarding the application submission process and requirements will be answered prior to the submission. Please address any questions to Vicki De Kay, Nurse Consultant, at (916) 657-0409 or at vdekay@dhs.ca.gov.

Confidential HIV Counseling and Testing Program FY 2002-2003

APPLICATION CHECKLIST

The following checklist is provided to assist applicants in returning all the requested and necessary forms that must be submitted with the application. Include the applicable items below in the order indicated.

- Completed Application Checklist, Attachment A
- Completed Application Cover Page, Attachment B
- Completed Clinic Site Information for all sites where testing will occur, Attachment C
- □ Copy of clinic license for all sites, if applicable
- Completed Funding Request and Scope of Work, Attachment D
 - Attach extra pages
- Completed Program Narrative, Attachment E
 - Attach extra pages
- Completed HIV Counseling Staff, Attachment F
- Job descriptions for all staff listed on Attachment F.
- Completed Authorization to Bind and Invoice Approval Form, Attachment
 G
- Completed Board of Directors, Attachment H
- Approved Confidential HIV Counseling and Testing Protocol

Application Cover Page HIV C&T FY 2002-03

Agency Name:	
Amount requested:	
HIV C&T Coordinate	or:
Street Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Email Address:	
Telephone:	
Fax:	
	Original Signatures in Blue Ink, Please
Board Chair Name:	
Signature and Date:	
Executive Director Na	ame:
Executive Director Na Signature and Date:	
Signature and Date:	

ATTACHMENT C Primary and Rural Health Care Systems Branch

Clinic Site Information

Complete this page for each clinical site. Duplicate as needed.

Clinic Site Name:	
Street Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Telephone:	
Fax:	
County:	
Days and Hours of C	Operation:
Services at this Site:	
Primary Care	Dental Services Community Health
	Behavioral Health Other
State licensed: yes _	no
If no, explair	ı;
Located on Reservat	ion/Rancheria: yes no
	d on trust status land fee status land

FUNDING REQUEST AND SCOPE OF WORK

See VII. B, Application Evaluation, Scoring and Selection for information on how this section is scored.

1. Funding request for HIV C&T for FY 02-03:

Line Item	Requested Budget
Personnel	
Operating Expenses	\$500
Other Costs	
TOTAL	\$

Amount requested \$_____

- 2. Anticipated number of clients to be tested in FY 02-03:
- 3. If funded in 01-02 for HIV C&T, indicate number of clients tested, and address budget (reasons for unspent funds or overspent program) (New programs can disregard item #3.)

Use extra pages as needed

HIV Counseling and Testing Program FY 2002-2003 Budget Guidelines

The Funding Request is the applicant's proposed distribution of HIV C&T funding to be expended in fiscal year 2002-2003. The funding Request is a one-page document consisting of three line items:

- 1. Personnel
- 2. Operating Expenses
- 3. Other Costs

The following is a detailed description of each line item.

1. Personnel

Personnel funded under this line item are HIV counselors who meet all Office of AIDS training requirements (Basic I and II, and annual Continuing Education training).

2. Operating Expenses

The Operating Expenses line item is intended to fund travel and per diem to attend

- a. required Office of AIDS counselor training (training is free)
- b. annual coordinator's meeting

Each funded agency is awarded \$500 in this line item.

Travel and per diem rates area established by the California Department of Personnel Administration as shown below.

Mileage: The standard rate is 34 cents a mile. The maximum private vehicle mileage reimbursement cannot exceed 34 cents per mile without written certification on file with the employee's travel claim that the "costs of vehicle operation were equal to or greater than the amount claimed."

Per Diem: The standard reimbursement rate is \$124 for each 24 hours of travel. Reimbursement rates are higher in specific geographical areas (see Lodging below). However, if on travel status less than 24 hours, only actual per diem expenses may be reimbursed. Additionally, no lunch or incidental allowance may be reimbursed when employees are on travel status less than 24 hours. See below for maximum allowance for travel and per diem reimbursement:

Lodging:

The standard reimbursement rate is \$84 plus tax with receipt in most counties. For lodging in Alameda, San Francisco, San Mateo and Santa Clara counties, the maximum reimbursement rate is \$140 plus applicable taxes with receipt. The maximum reimbursement rate for lodging in Los Angeles and San Diego counties is \$110 plus applicable tax.

Meals:

\$6 Breakfast (actual cost up to \$6 with receipt) \$10 Lunch (actual cost up to \$10 with receipt) \$18 Dinner (actual cost up to \$18 with receipt) \$6 Incidentals

3. Other Costs

The Other Costs line item funds the actual testing activities on a perservice basis as below:

	Lower Risk	Higher Risk Negative	HIV Positive or Inconclusive
Risk assessment	\$23	\$23	\$23
HIV test	\$10	\$10	\$55
Disclosure	\$0	\$15	\$30
Post Disclosure	\$0	\$20	\$20
Referral	\$0	\$5	\$15
No-show follow-up	\$0	\$10	\$25

Higher risk clients are defined by the list of risk behaviors specified in Exhibit B, "Indicators for Enhanced Counseling" (attached).

NARRATIVE

See VII. B, Application Evaluation, Scoring and Selection for information on how this section is scored.

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	MARCHINA	The HIV	' COLINGALINA	and Legilna	Program	at vollr	auencii.
I ICASC	ucscribe	11 IC 1 11 V	Counscillia	and Testing	i ioulaili	at voui	auciicv.

- Quality assurance activities
- Hours of service/sites
- Counseling and testing activities provided
- Staffing and training
- Recordkeeping and storage
- Sharing of test results and confidentiality

Use extra pages as needed.

HIV Counseling and Testing Staff

<u>Applications will be deemed ineligible if counselors have not met training requirements.</u>

New programs and new staff have a 90 day grace period in which to enroll in training.

- Provide names and initials of HIV C&T coordinator and counselors funded with this grant in the space provided below.
- Provide dates of completed Office of AIDS (OA) training for staff: Basic I, II, and all Continuing Education Training (CET)
- OR provide date of planned OA training for new programs and staff
- See VII. B, Application Evaluation, Scoring and Selection for information on how this section is scored.

Name, Title	Initials	Basic I	Basic II	CET						
1. Coordinator		-								
2. Counselor										
3. Counselor										
4. Counselor										
5. Counselor										
6. Counselor										

Use extra pages as needed

AUTHORIZATION TO BIND CORPORATION AND INVOICE APPROVAL FORM

The Board of Directors of the		
in a duly executed meeting held on	and	l where
a quorum was present, resolved to authorize:		
Signature:	Date:	_
Name:(Type/Print)	Title:	_
(Type/Print)		
Signature:	Date:	_
Name: (Type/Print)	Title:	
(Type/Print)		
Signature:	Date:	_
Name:	Title:	
(Type/Print)		
to negotiate and sign State Indian Health Program HIV Counselin	ng and Testing grant and any invoice	es that
may result. The undersigned hereby affirms he/she is a duly authorized authorized to the second	orized officer of the Corporation ar	d that
the statements contained in this document are true and complete	to the best of his/her knowledge. T	he
undersigned further affirms that the applicant accepts, as a condit	tion of the Grant, the obligation to	comply
with the applicable State and Federal requirements, policies, stan	dards and regulations. The undersi	gned
further affirms that the funds shall be used for $\boldsymbol{confidential\ HIV}$	counseling and testing. The unde	rsigned
recognizes that this is a public document and is open to public in	spection.	
Sign advisor	Data	
Signature: (Corporate Officer's Signature)	Date:	
Name:	Title:	
(Type/Print)		

<u>Form Completion Instructions</u>: At least two persons must be authorized to sign clinic invoices. A current authorization form must be kept on file with the State Indian Health Program. If any changes in this authorization occur, the clinic must notify the State Indian Health Program within ten (10) working days in writing.

ATTACHMENT H Primary and Rural Health Care Systems Branch

Board Of Directors

Duplicate as needed.

BOARD MEMBER'S NAME, ADDRESS AND TELEPHONE NUMBER	ELECTED POSITION AND EMPLOYER	TRIBAL AFFILIATION	SPECIFIC DAY/MONTH/YEAR TERM EXPIRES

Exhibit A

PROGRAM STANDARDS OF PRACTICE CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) COUNSELING AND TESTING SERVICES IN INDIAN HEALTH PROGRAM (IHP) SETTINGS

July 1, 2002 to June 30, 2003

- The Indian Health Agency (Agency) shall conform to all laws, regulations, policies and guidelines provided by the State Office of AIDS (OA) regarding HIV counseling and testing (C&T) services.
- 2. All funds reimbursed to the Agency by the Department of Health Services (DHS) shall be used for services specifically related to C&T.
- 3. One HIV coordinator must be designated. This individual must be delegated the overall responsibility for the HIV C&T program and must have sufficient authority to ensure conformance with OA policies and guidelines in all services provided.
 - a) The HIV coordinator will serve as primary contact for OA and will be charged with assuring that important information, policy changes, and procedural interpretations are communicated promptly to all appropriate personnel.
 - b) The HIV coordinator is responsible for preparing monthly invoices to be sent to the State Indian Health Program.
 - c) The HIV coordinator is responsible for overseeing the HIV counselor training program. These duties include ensuring that appropriate candidates are selected for training.
 - d) HIV Coordinators shall attend DHS/OA statewide coordinator meetings.
- 4. The Agency will develop a comprehensive, written protocol for the provision of HIV C&T services. Where multiple C&T sites exist within one jurisdiction, specific protocol must be developed to address operational differences that may occur from site to site (e.g., primary care clinic, off-site and mobile testing, powwows, etc.).

- 5. A written program evaluation/quality assurance (QA) plan is required that, at minimum, provides for annual review of: counselor performance with appropriate standards; all HIV C&T related procedures and services; client surveys; outreach needs; accessibility of clinic location(s); return rates for disclosure sessions; and the availability of and referral to HIV prevention services for HIV-positive and high-risk HIV-negative clients.
- The HIV counselor shall ensure that information recorded on the HIV Counseling Information Form is voluntarily provided by clients and is accurately documented. Counselors will make a diligent effort to collect all relevant risk information from clients.
- 7. To protect client confidentiality, NO client names and/or other identifying information (i.e., address, social security number, etc.) shall be documented on the OA HIV Counseling Information Forms. Civil and criminal penalties exist for violating confidentiality through improper disclosure.
- 8. All HIV counseling sessions shall be provided by counselors who have successfully completed OA HIV counselor training according to current OA HIV Counselor Training Program Guidelines or are within the 90-day grace period allowed to qualified new hires. Counselors who do not meet these requirements should <u>NEVER</u> perform HIV counseling because reimbursement for services can be affected.
- 9. HIV counselors shall deliver a private, face-to-face counseling session according to the schedule below:

Counseling Standards	Low Risk	Higher Risk Negative	Positive or Inconclusive
Risk Assessment	20 minutes	20 minutes	20 minutes
Disclosure, Post Disclosure	None required	20 minutes	40 minutes
Referral	None required	5 minutes	20 minutes

Also, post disclosure counseling (PDC) is reimbursed for a counseling session of at least 20 minutes with HIV positive, indeterminate and high risk negative clients who have previously received their HIV test results in a DHS/OA funded HIV C&T facility. PDC adds yet another counseling session, a third client-counselor interaction to provide the chance to revisit behavior changes previously agreed to, discuss other client issues such as partner referrals with HIV positive clients or client feelings about the meaning of the test result, and consider additional client referral needs.

- 10. Each Agency must make a good faith effort to assure that sex and/or needle/syringe-sharing partners of HIV-positive clients are informed of their possible exposure to HIV, especially all past and present marital partners within the 10 years prior to diagnosis. All partner/spousal notification is to be conducted confidentially on a voluntary basis. HIV-positive clients must be offered the option to notify partners themselves or seek assistance of trained staff at an appropriate partner/spousal notification program.
- 11. The HIV counselor shall provide appropriate referrals to other, ongoing HIV prevention services to all HIV positive and high risk seronegative clients, using all available community resources. The HIV counselor shall also provide a list of physicians or clinics knowledgeable about HIV disease for persons who have a positive test result.
- 12. All pregnant women seen within the HIV C&T service structure are to be offered HIV counseling and testing information. If a test is not immediately available, a referral to a test site must be provided to all pregnant women requesting a test.
- 13. The HIV C&T sites shall collect specimens to test for HIV.
- 14. The HIV C&T sites shall provide laboratory testing services from a Department of Health Services (DHS) approved laboratory. The testing process shall consist of a FDA-approved screening procedure (e.g., ELISA). Initially reactive and indeterminate ELISA results shall be repeated according to established testing protocols. Repeatedly reactive or indeterminate results are to be confirmed by FDA-approved HIV antibody supplemental tests (e.g., IFA or Western blot).
- 15. The HIV test sites shall use OA's HIV Counseling Information System or other approved procedure for the collection of the required demographic and reimbursement information. Monthly HIV test site data shall be submitted with monthly invoice forms to the State IHP within 30 days after the last day of each month.
- 16. All HIV C&T information such as counseling information forms, invoices, etc., must be retained at Agencies for three years in addition to the current year.

Exhibit B

Indicators for Enhanced Counseling

Test Result Individuals with positive and/or inconclusive test results

Risk Behavior Men Who Have Sex with Men (MSM)

Transgendered Individuals

Intravenous Drug Users

Sex Workers (Drugs or Money)

Clients with Partners Known to be:

HIV Positive Intravenous Drug Users Sex Workers Bisexuals

Occupational HIV Exposure

Child with Maternal HIV Exposure

Women who Practice Receptive Anal Sex (RAS)

Stimulant Users (crack, amphetamines, cocaine, nitrates/ites)

Exhibit C

Placeholder for the DHS8458

HIV Counseling Information Form

Exhibit D

California Department of Health Services Office of AIDS HIV Prevention Counselor Training

Course Descriptions

Basic HIV Prevention Counselor Training

This is a seven-day course delivered in two separate trainings -- Basic I and Basic II. It is required for anyone who will be providing any DHS/OA-funded HIV prevention counseling services.

Basic I

This five-day course must be successfully completed within 90 days of being employed as, or volunteering as, an HIV Prevention Counselor.

The focus is on an introduction to client-centered counseling skills relating to risk assessment, risk reduction, counseling guidelines, and cultural issues. Basic HIV/AIDS information, state HIV legislation and policy, HIV testing procedures, and HIV epidemiology are also introduced.

Successful completion of Basic I Training results in a six-month interim authorization to provide HIV prevention counseling services.

Basic II: Enhanced Risk Assessment

This two-day course is required for all counselors who have successfully completed Basic I and must be completed within six months of Basic I. (Trainees successfully completing Basic I will be automatically enrolled in a Basic II scheduled for approximately three months later.) It is necessary that each participant gain experience in providing one-on-one HIV prevention counseling at his or her agency in the time period between completing Basic I and the Basic II in which he or she has been automatically enrolled in order to maximize the value of this training.

The focus of this training is on enhancing skills in conducting client risk and needs assessments with emphasis on behavior change models, risk reduction planning, and secondary risk factors for HIV infection (e.g. social, cultural, economic, psychological, etc.). The training will provide counselors with the opportunity to develop client-centered counseling and intervention strategies and more effective linkages to local resources.

Successful completion of Basic II results in full certification as an HIV Prevention Counselor and authorizes the counselor to provide HIV prevention counseling services for a period of one year.

Exhibit D

Continuing Education Training (CET)

A minimum of one CET is required each year after successfully completing Basic II in order to maintain certification as an HIV Prevention Counselor.

These one-day classes address different topics designed to enhance specific skills of experienced counselors. Sessions include an "update" component covering issues in the topic area relevant to client needs. Some sessions include "case consultation" and "care for the caregiver" components providing continuing skills building and support for the counselors, while other sessions are educational in format.

Successful completion of a CET each year after completing Basic II authorizes a counselor to remain active in providing HIV counseling services.

(You may register participants for CET trainings on the web at www.ucsf-ahp.org or call (415) 502-4586 for more information.)

HIV Basics and Beyond

This is a one-day training for non-counseling administrative and support staff working at HIV test sites. It provides basic information about HIV transmission and prevention as well as an opportunity for support staff to examine their own feelings and thoughts about HIV and clients who are testing. The training will help non-counseling staff become more sensitive to and knowledgeable about the challenges that clients face and enable them to more fully understand the role of HIV prevention counselors.

This training would be appropriate for phlebotomists, site clerks, receptionists, clerical and other staff who are part of the HIV testing team.

(You may register participants on the web at www.ucsf-ahp.ora or call (415) 502-4586 for more information.)

Sign language interpreting services are available upon request. Ten working days notice is necessary to obtain an interpreter and any cancellations must be made at least three working days in advance.

G: IHP/HIV/02-03/RFA/HIV Course Descriptions

